



Department of Medical Assistance Services  
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Richmond, Virginia 23219

<http://www.dmas.state.va.us>

# MEDICAID MEMO

**TO:** All Durable Medical Equipment and Supplies providers participating in the Virginia Medical Assistance Program, Managed Care Organizations, and holders of the Durable Medical Equipment and Supplies Provider Manual

**FROM:** Cynthia B. Jones, Director  
Department of Medical Assistance Services

**MEMO:** Special

**DATE:** 8/25/17

**SUBJECT:** Pending Update to the Durable Medical Equipment and Supplies Provider Manual – Chapter IV

The purpose of this memorandum is to inform providers that Chapter IV of the DMAS Durable Medical Equipment and Supplies (DME) Manual will be updated to include clarification on enteral nutrition and coverage with the Commonwealth Coordinated Care Plus (CCC Plus) plans.

The following changes will be made once the public comment period is completed:

Enteral nutrition for all children under age 21 is carved out of the Medallion MCO contract and is covered under the DMAS Fee-for-Service (FFS) Program within the DMAS established criteria and guidelines.

CCC Plus MCOs will cover enteral nutrition for their enrolled members. The CCC Plus MCO must cover the service within at least equal, amount duration, and scope as available under the Medicaid program; however, the MCO may have different service authorization and billing requirements. To ensure continuity of care, CCC Plus MCOs will continue services to the member's current providers (including out-of-network) for the initial 90 days of enrollment at the Medicaid FFS rate. MCOs will also honor existing service authorizations for their enrolled members until the service authorization ends or for 90 days after the member's CCC Plus enrollment begin date, whichever is sooner. Providers must contract with the member's CCC Plus MCO or have a single case agreement in place in order to receive reimbursement for services rendered to CCC Plus enrolled members. Non-contracted providers should contact the MCOs to ensure that they have an out-of-network agreement in place for claim payment purposes. Providers should check eligibility using the Virginia Medicaid Web Portal (see page 3 below) prior to rendering services to confirm eligibility and MCO enrollment. Providers are responsible for adhering to their provider contract with the MCOs. Refer to the Medicaid Memorandum dated July 10, 2017 for additional information about CCC Plus. Information is also available on the DMAS CCC Plus webpage at: [http://www.dmas.virginia.gov/Content\\_pgs/mltss-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx).

## **COMMUNICATION TO DME PROVIDERS**

Information on provider training will be provided under separate cover to address these policy changes.

DMAS has designed an e-mail address specifically for providers to e-mail questions about DME to DMAS ([dme@dmass.virginia.gov](mailto:dme@dmass.virginia.gov)). These questions should pertain to policies, codes, or rates and should not pertain to service authorization, as these questions should continue to be directed to the service authorization contractor, KePRO. See Appendix D of the Medicaid Durable Medical Equipment and Supplies Manual for more information regarding service authorization.

You do not need to subscribe to this e-mail function. The e-mail address is strictly a way to communicate with DME staff. This e-mail will not be shared with other providers. Please note that this e-mail address is not secure. **\*\*Do not send patient identifiable information over this e-mail address unless you can send it securely.\*\***

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## **MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)**

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting [www.MagellanHealth.com/Provider](http://www.MagellanHealth.com/Provider). If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting [www.magellanofvirginia.com](http://www.magellanofvirginia.com) or submitting questions to [VAProviderQuestions@MagellanHealth.com](mailto:VAProviderQuestions@MagellanHealth.com).

## **MANAGED CARE PROGRAMS**

Most Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC, CCC Plus, and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0:  
[http://www.dmass.virginia.gov/Content\\_pgs/mc-home.aspx](http://www.dmass.virginia.gov/Content_pgs/mc-home.aspx)
- Commonwealth Coordinated Care (CCC):  
[http://www.dmass.virginia.gov/Content\\_pgs/mmfa-isp.aspx](http://www.dmass.virginia.gov/Content_pgs/mmfa-isp.aspx)
- Commonwealth Coordinated Care Plus (CCC Plus):  
[http://www.dmass.virginia.gov/Content\\_pgs/mltss-proinfo.aspx](http://www.dmass.virginia.gov/Content_pgs/mltss-proinfo.aspx)
- Program of All-Inclusive Care for the Elderly (PACE):  
[http://www.dmass.virginia.gov/Content\\_atchs/ltc/PACE%20Sites%20in%20VA.pdf](http://www.dmass.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf)

## **COMMONWEALTH COORDINATED CARE PLUS**

Commonwealth Coordinated Care Plus is a required managed long term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program

integrates medical, behavioral health, and long term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: [http://www.dmas.virginia.gov/Content\\_pgs/mltss-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx).

#### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

#### **KEPRO PROVIDER PORTAL**

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

#### **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

#### **TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE**

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is [http://www.dmas.virginia.gov/Content\\_pgs/appeal-home.aspx](http://www.dmas.virginia.gov/Content_pgs/appeal-home.aspx) and the form can be accessed from there by clicking on, "Click here to download a Provider Appeal Request Form." The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.